FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  BOGER JOSHUA S  (Last) (First) (Middle)  C/O VERTEX PHARMACEUTICALS INCORPORATED  50 NORTHERN AVENUE  (Street)  BOSTON MA 02210						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]  3. Date of Earliest Transaction (Month/Day/Year) 11/23/2015  4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     Officer (give title Other (specify below)      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(5		(Zip) ====== ole I - I	Non-Der	ivativ	e Sec	urit	ies A	cauire	ed. D	isposed o	of. or E	Benefici	ally (	Owned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				tion	n 2A. Deemed Execution Date,		3. 4. Secu		4. Securities Disposed Of	Acquired	l (A) or		5. Amou Securiti Benefic	int of	6. Ownership Form: Direct (D) or Indirect	: Direct   c	7. Nature of Indirect Beneficial		
(MORITAL)			(MOIIIII/Da	yrreary	(Month/Day/		y/Year)	Code (	v	/ Amount (A) or Bri		Price	Owned Fol Reported		Following d tion(s)	(I) (Ins	str. 4) (	Ownership (Instr. 4)	
Common Stock			11/23/2	11/23/2015		<u> </u>		M		10,400	(D)	\$35.0	<u> </u>		5,684		D		
Common Stock			11/23/2015		;		S <sup>(1)</sup>		8,200	D	\$131.9	8(2)(3)	267	7,484		D			
Common Stock			11/23/2015		1		S <sup>(1)</sup>		2,000	D	\$132.8	1(2)(4)	265	5,484		D			
Common Stock			11/23/2	11/23/2015				S <sup>(1)</sup>		200	D	\$133.	33.88 20		5,284		D		
Common	Stock														13	13,286		I 4	401(k)
Common Stock														122	2,700		I S	Common Stock neld in rust	
		-	Table								sposed of, , converti				wned				
Derivative   Conversion   I		3. Transaction Date (Month/Day/Year)	if any	emed ion Date, l/Day/Year)	4. Transa Code ( 8)			6. Date Exercisable at Expiration Date (Month/Day/Year)		Date	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (E	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er					
Stock Option (right to buy)	\$35.64	11/23/2015			М			10,400	(	5)	02/01/2016	Commo Stock	on 10,40	00	\$0.00	94,400	)	D	

## **Explanation of Responses:**

- $1.\ Transaction\ made\ pursuant\ to\ Dr.\ Boger's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1.$
- 2. Dr. Boger undertakes to provide (upon request by the SEC staff, the issuer or a security holder of the issuer) full information regarding the number of shares sold at each separate price.
- $3. \ Open \ market \ sales \ reported \ on \ this \ line \ occurred \ at \ a \ weighted \ average \ price \ of \ \$131.98 \ (range \ \$131.43 \ to \ \$132.41).$
- 4. Open market sales reported on this line occurred at a weighted average price of \$132.81 (range \$132.43 to \$133.11).
- 5. Fully vested.

## Remarks:

Stephen Migausky, Attorney-

11/25/2015

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.